PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

32860-000689/US

	·		SMALL ENTITY TYPE			•	R THAN ENTITY					
TOTAL CLAIMS			20					RATE	FEE	٦	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			20 minus 20=		· Ø			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			6 minus 3 =		3			X43=		OR	X86=	
ML	JLTIPLE DEPE	NDENT CLAIM P	RESENT					+145=		OR	+290=	
* If	the difference	e in column 1 is	less than z	ero, enter	"0" in (column 2		TOTAL		OR	TOTAL	
	C	LAIMS AS A	MENDED - PART II					<u> </u>		OTHER	THAN	
(Column 1)				(Colun		(Column 3)		SMALL	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Ind pendent	*	Minus	Minus *** LTIPLE DEPENDENT		=		X43=		OR	X86=	
	11110111120	ENTATION OF MIC	DETIFEE DET	ENDENT	CLAIIVI		1	+145=		OR	+290=	
								TOTAL		OR	TOTAL	
		A	DDIT. FEE		,	ADDIT. FEE						
		(Column 1) CLAIMS		(Colum	ST	(Column 3)	1 г		ADDI-	1		ADDI
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVIO PAID F	USLY	PRESENT • EXTRA		RATE	TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	•	=		X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF MU	Minus	ENDENT	CL AINA	[= ,		X43=		OR	X86=	
	77101711202	TOTAL OF THE	CTIP LE DEF	LIBERT	CEATIVI	· []	'	+145=	·	OR	+290=	
							سار	TOTAL ODIT. FEE		OR ,	TOTAL	
		(Column 1)		(Colum	n: 2\	(Column 3)	A	JUII. FEE S		•	DDIT. FEE	
	\	CLAIMS	:	HIGHE	ST	(Column 3)			ADDI	F		4001
z		REMAINING AFTER AMENDMENT		NUMBI PREVIOL PAID F	JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	┟	X43=	. 1		X86=	
9	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							A43=		OR	∧00=	
* If	the entry in colu	nn 1 is less than the	entry in colu-	nn 2 weisa "	N* in cal·	imp 3		+145=		OR	+290=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Pr viously Paid For" IN THIS SPACE is less than 3, enter "3." ***OPTION OF TOTAL ADDIT. FEE												
T	he "Highest Num	ber Previously Paid	For" (Total or	Independen	t) is the	i 3, enter 3. highest number	found	in the appr	priate box	in colu	mn 1. .	